

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

11702 -62-044045  
STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

FILED DEC 14 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>St. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. LOUIS</u>		c. CITY OR TOWN <u>St. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>627 CLARA - 2nd Fl N</u>	
3. NAME OF DECEASED (Type or print) First <u>Evelyn</u> Middle <u>BURGESS</u> Last		4. DATE OF DEATH Month <u>12</u> - Day <u>5</u> - Year <u>62</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/18/03</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis MO.</u>	
13a. FATHER'S NAME <u>JOHN KRUSEY</u>		14. NAME OF HUSBAND OR WIFE <u>LEE BURGESS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		17. INFORMANT <u>MRS Alice RAITH</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Metastatic CA of Rt. Cerebellum</u> DUE TO (c) <u>CA of Colon</u> <u>153.8</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>2:40</u> a.m. <u>11/5/62</u> Month, Day, Year		20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from <u>11/5/62</u> to <u>12/5/62</u> and last saw her alive on <u>12/4/62</u> Death occurred at <u>2:40</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS <u>2415 N. Kingshighway (13)</u>	
22a. SIGNATURE <u>Zakia Sheikh</u> (Deceased or title) <u>Chief Resident, Surgery</u>		22c. DATE SIGNED <u>12-5-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>12-6-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>City</u>		23d. LOCATION (City, town, or county) (State) <u>ASHLEY ILLINOIS</u>	
24. FUNERAL DIRECTOR <u>HORTON FUNERAL HOME</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 6 - 1962</u>	
26. REGISTRAR'S SIGNATURE <u>Wend Smith M.D.</u>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

DATE AMENDED

ITEM NO.

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2 21/2  
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4 1  
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12 59-0  
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59

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *James L. Curran*

Licensed Embalmer No. 5168

P. O. Address Millstony 166

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.